

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5-18-94</u>		2 Serial/Patent # <u>07/975,905</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	17	5/2/94	\$ 180 ⁰⁰							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
WI		7 TOTAL AMOUNT OF REFUND		\$ 180.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> </tr> </table>			1	9	--	1	9	7	0
1	9	--	1	9	7	0					
<div style="font-size: 1.2em; font-family: cursive;">Check was sent for correct amount.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WANDA M. LAWSON</u>			TITLE: <u>Legal Document Clerk</u>								
SIGNATURE: <u>Wanda M. Lawson</u>			PHONE: <u>305-9626</u>								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>5/19/94</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**